U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

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This report is mandatory under P L 86-257 as amended Fallure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT** 

Name and address of person filing  Name   RONALA   E   PARRIN   SR    Labor Organization File Number   ODD SY    PO Box Bildg Room No if any   PO Box Building and Room Number if any    Street   305   E   Abandagature   Street    City   Blackerule   Street   Street    Street   June   Zip Code +4   EDD 888    For Position in labor organization   Dect   Lizeaurer    Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	QMS?	
A Name and address of person filing  Name   RON BLD   F   PBRRIN SR   Labor Organization File Number   DDBSY   PO Box Bildg Room No If any   Street   305 F	1 File Number U 10516	
Name   RONALA   E   PARRIN 5R   Labor Organization File Number   DDB 844    PO Box Bildg Room No if any   PO Box Building and Room Number if any   Street   Street   Street   ZIP Code +4   S9388   State   ZIP Code +4   S1888	O. Name and address of paper filling	
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Street 305 F Shandstown this Street City State SWinner 2IP Code +4 63358 State SWinner 2IP Code +4 64 63358 State SWinner 2IP Code +4 65 Position in labor organization PLect Swinner 2IP Code +4 65 Position in labor organization PLect Swinner 2IP Code +4 65 Position in labor organization PLect Swinner 2IP Code +4 65 Position in labor organization PLect Swinner 2IP Code +4 65 Position in labor organization PLect Swinner 2IP Code +4 65 Position in labor organization PLect Swinner 2IP Code +4 65 Position in labor organization PLECT Swinner 2IP Code +4 65 Position in labor organization PLECT Swinner 2IP Code +4 65 Position in labor organization PLECT Swinner 2IP Code +4 65 Position PLECT Swinner 2I	Name RONALD E PARKIN 3R	2028//
City State	PO Box Bidg Room No if any	P O Box Building and Room Number if any
State SUbmoto   ZIP Code +4   E3388   State   ZIP Code +4    5 Position in labor organization   Dect / Lizaburuar    Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  8 Name and address of Employer (including trade name if any)  Name   7 a Nature of Interest Transaction or Income  Trade Name if any   7 b Amount   7	Street 305 E Shandglown trl.	Street
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	Form I M 20 (2002)	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).  Name	9. Business deals with:	
P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust	
Street	c. Employer	
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b, Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name .		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b, Amount of payment.	
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